County: Polk
GOLDEN AGE MANOR
220 SCHOLL COURT

AMERY 54001 Phone: (715) 268-710	7	Ownershi p:	County							
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled							
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No							
Number of Beds Set Up and Staffed (12/31/01):	114	Title 18 (Medicare) Certified?	Yes							
Total Licensed Bed Capacity (12/31/01):	114	Title 19 (Medicaid) Certified?	Yes							
Number of Residents on 12/31/01:	104	Average Daily Census:	110							

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.9	More Than 4 Years	28. 8
Day Services	No	Mental Illness (Org./Psy)	31. 7	65 - 74	10.6		
Respite Care	No	Mental Illness (Other)	4.8	75 - 84	30.8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	43. 3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.0	95 & 0ver	12. 5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9. 6	65 & 0ver	97. 1		
Transportation	No	Cerebrovascul ar	9.6			RNs	10. 5
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 1
Other Services	Yes	Respiratory	19. 2		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 0	Male	17.3	Aides, & Orderlies	47. 6
Mentally Ill	No			Femal e	82. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	3	3. 8	124	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	3	2. 9
Skilled Care	4	100. 0	295	70	87. 5	106	0	0.0	0	20	100.0	130	0	0.0	0	0	0.0	0	94	90. 4
Intermedi ate				7	8.8	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	6. 7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	4	100.0		80	100.0		0	0.0		20	100.0		0	0.0		0	0.0		104	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	s, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period			m . 1				
		1			eedi ng		Total
Percent Admissions from:		Activities of	%		ance of	3	Number of
Private Home/No Home Health	13. 5	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0	8	32. 7	17. 3	104
Other Nursing Homes	9.0	Dressi ng	10. 6		32. 7	6. 7	104
Acute Care Hospitals	75. 3	Transferring	35. 6	:	54. 8	9. 6	104
Psych. HospMR/DD Facilities	1. 1	Toilet Use	26. 9	:	59. 6	13. 5	104
Reĥabilitation Hospitals	1. 1	Eating	64. 4	4	29. 8	5. 8	104
Other Locations	0.0	*************	******	******	********	*********	*****
Total Number of Admissions	89	Conti nence		% Sr	ecial Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3.8	Receiving Re	espi ratory Care	11. 5
Private Home/No Home Health	42.9	Occ/Freq. Incontinent		52. 9	Receiving T	racheostomy Care	1. 9
Private Home/With Home Health	2.0	Occ/Freq. Incontinent		24. 0	Receiving S	ucti oni ng "	1. 9
Other Nursing Homes	1.0	1			Receiving 0	stomy Care	2. 9
Acute Care Hospitals	18. 4	Mobility			Receiving To	ube Feedi ng	1. 0
Psych. HospMR/DD Facilities	2. 0	Physically Restrained	d	3. 8	Receiving M	echanically Altered Diets	36. 5
Rehabilitation Hospitals	0.0				8	3	
Other Locations	2. 0	Skin Care		01	her Residen	t Characteristics	
Deaths	31.6	With Pressure Sores		5. 8	Have Advance	e Directives	71. 2
Total Number of Discharges		With Rashes			edi cati ons		
(Including Deaths)	98					sychoactive Drugs	50. 0

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	Ownershi p: This Government				Si ze:		ensure:		_
				100	- 199	Ski	lled	Al l	
	Facility			Peer	Group	Peer	Group	Facilities	
	%			%	Ratio	% Ratio		%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	96. 5	87. 7	1. 10	83. 5	1. 16	84. 4	1. 14	84. 6	1. 14
Current Residents from In-County	89. 4	76. 7	1. 17	79. 2	1. 13	75. 4	1. 19	77. 0	1. 16
Admissions from In-County, Still Residing	27. 0	28. 2	0. 96	22. 5	1. 20	22. 1	1. 22	20. 8	1. 30
Admi ssi ons/Average Daily Census	80. 9	91. 3	0. 89	125. 7	0. 64	118. 1	0. 69	128. 9	0. 63
Di scharges/Average Daily Census	89. 1	92. 8	0. 96	127. 5	0. 70	118. 3	0. 75	130. 0	0. 69
Discharges To Private Residence/Average Daily Census	40. 0	32. 9	1. 21	51. 5	0. 78	46. 1	0. 87	52. 8	0. 76
Residents Receiving Skilled Care	93. 3	90.8	1.03	91. 5	1. 02	91.6	1. 02	85. 3	1. 09
Residents Aged 65 and Older	97. 1	88. 8	1. 09	94. 7	1. 03	94. 2	1.03	87. 5	1. 11
Title 19 (Medicaid) Funded Residents	76. 9	67. 9	1. 13	72. 2	1. 07	69. 7	1. 10	68. 7	1. 12
Private Pay Funded Residents	19. 2	19. 7	0. 97	18. 6	1. 04	21. 2	0. 91	22. 0	0. 87
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0.8	0.00	7. 6	0. 00
Mentally Ill Residents	36. 5	46. 1	0. 79	35. 8	1. 02	39. 5	0. 93	33. 8	1. 08
General Medical Service Residents	24. 0	14.8	1.62	16. 9	1. 42	16. 2	1.48	19. 4	1. 24
Impaired ADL (Mean)	41.7	49. 7	0.84	48. 2	0. 87	48. 5	0. 86	49. 3	0. 85
Psychological Problems	50 . 0	56 . 1	0.89	48. 7	1.03	50. 0	1.00	51. 9	0. 96
Nursing Care Required (Mean)	8. 2	6. 7	1. 22	6. 9	1. 18	7. 0	1. 16	7. 3	1. 11